

MISSOURI DEPARTMENT OF ELEMENTARY  
AND SECONDARY EDUCATION  
**USDA DONATED FOOD PROGRAM**  
**REPORT OF LOSSES AND/OR DAMAGES**  
P.L. 79-396, 7CFR PART 250.6

**INSTRUCTIONS: Complete 2 copies. Retain 1 copy for your files.**  
**Return 1 copy to:**

Missouri Department of Elementary  
and Secondary Education  
School Food Services Section  
P.O. Box 480  
Jefferson City, MO 65102

AGREEMENT NUMBER

LEGAL NAME OF RECIPIENT AGENCY

ADDRESS *Street, City, State, ZIP*

AUTHORIZED REPRESENTATIVE

TITLE

TELEPHONE AREA/NO.

1. USDA COMMODITY DISPOSITION

*Check one*

- ☐ Stolen  
☐ Spoiled/Infested

2. DATE LOSS OCCURRED AND/OR WAS DISCOVERED:

3. APPROXIMATE TIME OF LOSS:

- ☐ AM  
☐ PM

4. HAS YOUR AGENCY EXPERIENCED A SIMILAR LOSS?

- ☐ Yes ☐ No *If yes, was a claim report filed? Date filed \_\_\_\_\_*

5. Where did loss occur? *Complete A or B.*

- ☐ A. Agency name and Address

*Agency Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

- ☐ Freezer Area ☐ Refrigerated Area ☐ Dry Storage Area  
☐ B. Commercial Locker Plant/Warehouse

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

**COMPLETE EITHER QUESTION 6 OR 7.**

6. *If commodities were stolen, complete the following:*

A. Are the storage areas locked?

- Freezer(s): ☐ Yes ☐ No Refrigerator(s): ☐ Yes ☐ No Dry Storage Area(s): ☐ Yes ☐ No

B. Was a police investigation made of the theft?

- ☐ Yes *Include a copy of the report with this form.* ☐ No

C. Does agency have insurance to cover this loss?

- ☐ Yes ☐ No

D. Has a claim been filed with the insurance company?

- ☐ Yes ☐ No

7. *If the commodities are spoiled/infested, complete the following:*

A. How often are the temperatures checked in the storage areas? *Indicate temperatures at the time spoilage/infestation was discovered.*

1. ☐ Daily ☐ Weekly ☐ Other \_\_\_\_\_ Freezer(s) temperature \_\_\_\_\_  
2. ☐ Daily ☐ Weekly ☐ Other \_\_\_\_\_ Refrigerator(s) temperature \_\_\_\_\_  
3. ☐ Daily ☐ Weekly ☐ Other \_\_\_\_\_ Dry Storage temperature \_\_\_\_\_

B. Name and Title of person responsible for monitoring storage area(s) temperature(s).

*Name* \_\_\_\_\_ *Title* \_\_\_\_\_

C. Is there a warning device on freezers/refrigerators in case of a malfunction?

- ☐ Yes ☐ No

D. Were the commodities infested?

- ☐ Yes ☐ No

E. If the commodities were infested, were they received in that condition?

- ☐ Yes ☐ No

F. Does Agency have any kind of professional pest control?

☐ Yes *Name of Pest Control Company* \_\_\_\_\_

1. How often is pest control done?

☐ Weekly ☐ Monthly ☐ Other *Specify* \_\_\_\_\_

☐ No

G. Are dry storage areas well ventilated?

☐ Yes ☐ No

H. Is shelving or dunnage used to keep commodities off the floor?

☐ Yes ☐ No

I. Does agency have insurance to cover this type of loss?

☐ Yes ☐ No

J. Has a claim been filed with the insurance company?

☐ Yes ☐ No

8. Commodities should not be disposed of without authorization from the State Agency per the Application-Agreement. Was the State Agency notified?

☐ Yes ☐ No

*If the commodities were disposed of, how was this done?*

☐ Burning

☐ Sanitary landfill *Include a copy of the certification of disposal from the landfill.*

☐ Sold as animal food *Include a copy of the bill of sale.*

☐ Other *Specify*. \_\_\_\_\_

9. List the commodities stolen, spoiled, and/or infested below: *Attach additional sheet(s) if necessary.*

Commodity	Pack	Quantity Lost	Code Nos. from Pack	Pack Date	Date Rec'd

10. Explain fully the reasons for the reported loss:

NAME OF PERSON COMPLETING THIS REPORT	TITLE	DATE